

Strategic Five Year Tuberculosis Program Plan: 2015 -2020

Background

The Indiana Association for the Prevention of Tuberculosis was formed on 11/4/1907 with the objective to prevent the spread of tuberculosis (TB) by educational campaigns, the care and treatment of cases in sanatoria, homes and dispensaries. Dr. John N. Hurty Indiana State Health Commissioner from 1896-1922 established the state's first Tuberculosis Control Department in 1915 and was a member of the National Association for Study and Prevention of Tuberculosis.

In Indiana, the local health departments with the technical support of the Indiana State Department of Health (ISDH) are responsible for case management of TB patients. Local health departments provide basic tuberculosis services which include tuberculosis screening, patient assessment and referral for medical care, delivery of anti-tuberculosis medications, case management, contact investigations, and directly observed therapy. The state is responsible for surveillance, policy development, public education and strategic leadership.

The ISDH's TB Program recognizes the involvement of local, state and federal government agencies, private health care providers, schools of medicine, nursing and pharmacy, community clinics, and community-based organizations in the successful outcome of this state-wide strategic TB plan.

Vision

The vision of the Indiana State Department of Health's Tuberculosis Control, Prevention and Elimination Program is: "A Tuberculosis-free Indiana."

Mission

The mission of the TB Control, Prevention and Elimination Program is to oversee, manage, and facilitate activities that assure early identification and proper treatment of persons with tuberculosis; prevent transmission of *Mycobacterium tuberculosis* to others; increase the percentage of newly diagnosed infection (Latent TB Infection) cases that start and complete treatment; and provide education to both the public and health care workers.

Priorities

Priorities of the TB Control, Prevention and Elimination Program are:

1. Early diagnosis of TB disease and infection
2. Completion of appropriate therapy for all cases of TB disease and infection
3. Prompt identification and evaluation of high and medium risk contacts through effective contact investigation activities
4. Screening and treatment of TB infection in persons in targeted high-risk populations

Strategies

1. Maintain a comprehensive statewide surveillance system to determine the extent of tuberculosis disease and infection and monitor for changes in trends by:
 - a. Maintaining and enhancing as needed the web-based TB Statewide Investigation, Monitoring and Surveillance System (TB SWIMSS) application which includes reporting, case management, medication management, and contact investigation
 - b. Producing a TB Annual Report that gives an overview and shows TB trends in the state
 - c. Counting TB cases and reporting de-identified surveillance information to the Centers for Disease Control and Prevention (CDC) at least weekly
 - d. Making a diagnosed case of TB infection (latent TB infection) reportable

2. Manage budgets, grants, contracts, and dispensing of state provided TB drugs and therapy-related services delivered at the local level by:
 - a. Applying for the CDC's TB Elimination and Laboratory Services Cooperative Agreement annually
 - b. Awarding sub-grants to local health departments (LHDs) based on morbidity and available resources
 - c. Maintaining contracts with Purdue School of Pharmacy for the dispensing of anti-tuberculosis medications and Indiana University Health Care Associates for the provision of a TB Medical Consultant
 - d. Meeting with ISDH accountants quarterly to review expenditures and budget balance to ensure effective use of funds
 - e. Providing funds to the LHDs for directly observed therapy reimbursement and incentives and enablers to patients to ensure completion of therapy
 - f. Investigating the billing of third party payers for labs and other TB related reimbursable services

3. Provide timely laboratory services using molecular and traditional methods to identify *Mycobacterium tuberculosis* and test for drug sensitivity by:
 - a. Providing a courier or overnight mail service for sending specimens to the ISDH lab
 - b. Performing rapid DNA testing on specimens of new TB suspects and cases
 - c. Continuing to perform drug sensitivity testing using both molecular and traditional methods
 - d. Tracking time between specimen collection, arrival at the lab, identification of organism and report of results to submitter
 - e. Investigating and implementing the use of interferon gamma release assay testing for BCG vaccinated individuals and adults and older children

- f. Utilizing molecular testing to rapidly detect multi-drug resistance (MDR) TB
4. Provide standardized and current guidelines for control and prevention of TB in Indiana by:
 - a. Updating the on-line ISDH TB Manual and completely reviewing the manual every three years
 - b. Providing standardized care plan templates for TB patients with comorbidities of human immunodeficiency virus (HIV), diabetes and end stage renal disease as well as multi-drug resistant TB
 - c. Convening an ad-hoc committee to identify concerns and making recommendations for changes to the TB portion of 410 –IAC-1-2.3 (Communicable Disease Reporting Rule) at the next update of the rule
 - d. Standardizing the Tuberculin Skin Test (TST) training thru on-line training using IN TRAIN
 - e. Implementing updated policies and procedures for surveillance, investigation, isolation, case management, prevention, and control of tuberculosis
5. Providing technical assistance, consultation, professional education, TB awareness and training to LHDs and other health professionals working to control and eliminate TB by:
 - a. Reviewing each new case and suspect with the TB controller and/or the chief nurse consultant
 - b. Providing high level case management and contact investigation activities oversight and conducting program audits
 - c. Performing cohort review with the TB Medical Consultant
 - d. Providing telephonic or email consultation by Regional TB Nurse Consultants, the TB Controller or chief nurse consultant, the TB Medical Consultant and/or the Mayo TB Clinic
 - e. Producing the e-newsletter TB TID BITS (www.TB.IN.Gov) three to four times a year
 - f. Providing Grand Rounds on topics of TB at three to five local hospitals annually
 - g. Annually providing Regional TB Meetings or a TB conference
6. Strengthen inter and intra-agency linkages, collaboration and communications, especially between local health departments and the TB program by:
 - a. Conducting customer satisfaction surveys every two years
 - b. Providing technical support via the Regional TB Nurse Consultants
 - c. Conducting site visits at least annually to each LHD
 - d. Participating in the American Lung Association, American Professional Infection Control, National TB Controllers Association, National TB Nurses Association, and other affiliated agencies activities

- e. Surveying nursing and medical schools regarding collaboration and educational opportunities
- f. Keeping the TB program web pages on the ISDH website current
- g. Identifying and maintaining contact with a point person at the Department of Education, Department of Corrections, and Family Social Services Administration/Refugee
- h. Identifying and maintaining collaborative contacts with the leadership of ISDH's HIV/STD, Diabetes, Long Term, Acute Care, Epidemiology Resource Center, Emergency Preparedness, Immunizations, and Finance Divisions
- i. Convening a TB Elimination Committee to focus on TB prevention and elimination activities

Targeted Benchmarks to be achieved by 2020:

98 % of TB disease cases will start on the recommended 4 drug therapy
90 % of TB disease cases with in the 25-44 year old age category will have a known HIV status
100 % of culture positive cases will have initial drug susceptibility reported
98 % of fully susceptible TB disease cases will complete treatment with 12 months
Incidence of U.S. born persons with TB disease will be 0.5/100,000 population or less
Incidence of foreign-born persons with TB disease will be 12/100,000 population or less
Incidence of U.S. born non-Hispanic Blacks with TB disease will be 2.5/100,000 population or less
Incidence of children younger than 5 years of age with TB disease will be 0.2/100,000 population or less
100 % of culture confirmed TB cases will have genotype results reported
95 % of TB disease cases with positive AFB sputum results will have at least 3 contacts elicited
85 % of contacts to positive AFB TB disease cases will be evaluated for TB disease and infection
95 % of newly diagnosed TB infection cases from contact investigations will start treatment
75 % of newly diagnosed TB infection cases from contact investigations who start treatment will complete treatment
80 % of immigrants & refugees with an A or B class will have a medical evaluation initiated within 30 days of arrival
85 % of immigrants & refugees with an A or B class who start TB treatment will complete treatment

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